

## INDICATORS FOR MONITORING AND EVALUATION BY CONTRACTOR

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### I. COST INDICATORS

A. Cost per member per month (aggregate cost) calculated on a quarterly basis. Also, stratify by type of services (TRICARE/CHAMPUS methodology).

B. Top 10 payment denials overall per quarter and by sex by:

1. ICD-9-CM, DRG and
2. CPT-4

C. Top 10 inpatient dispositions per year (stratified by age and sex) by:

1. ICD-9-CM, DRG, and
2. CPT-4

D. Top ten procedures by aggregate cost stratified by age and sex by:

1. CPT-4 and
2. ICD-9-CM

E. Top ten procedures by frequency stratified by age and sex by:

1. CPT-4
2. ICD-9-CM

F. Payment denials in dollars per quarter.

G. Number and total, and stratified by type of care, of second level denials;

H. Number and total, and stratified by type of care, of third level (NQMC) denials.

### II. TIMELINESS/ACCESS

The contractor shall state valid and reliable methods to be used to assess patient satisfaction with timeliness/access throughout the network. Waiting times for care must be addressed.

**III. QUALITY**

- A.** Percentage of Childhood immunizations by age 2 (defined as four DPT, three OPV, one MMR, and one H influenza, type B).
- B.** Percentage of cholesterol screenings in the last 5 years for persons age 20-39 and 40-64.
- C.** Percentage of mammography screening for women age 40-49 and, within the last two years, for women age 50-64.
- D.** Percentage of pap smear screenings in the last 3 years for women age 18-64.
- E.** Percentage of low birthweight babies (<2,500 grams).